

PENDING CLAIMS

1. (Original): A minimally invasive surgical method, comprising:
forming an incision through tissue located adjacent to a vertebra in a patient's spinal column;
identifying a muscle plane;
inserting a substantially planar blunt tip of a tool through the incision while manipulating the blunt tip along the muscle plane extending between the incision and the vertebra to separate the muscles.
2. (Original): The method of claim 1, wherein the longissimus thoracis and multifidus muscles are separated.
3. (Original): The method of claim 1, wherein the incision is a minimally invasive percutaneous incision.
4. (Original): The method of claim 1, further comprising inserting a guide wire through a lumen extending through the tool.
5. (Original): The method of claim 4, wherein the guide wire extends into the vertebra.
6. (Original): The method of claim 4, further comprising removing the tool from the guide wire such that the guide wire extends between the incision and the vertebra.
7. (Original): The method of claim 6, further comprising delivering a spinal anchor along the guide wire and implanting the spinal anchor in the vertebra.
8. (Original): The method of claim 6, further comprising inserting a plurality of dilators over the guide wire to dilate tissue surrounding the guide wire.
9. (Original): The method of claim 8, further comprising inserting a cannula over the plurality of dilators and removing the dilators.
10. (Original): The method of claim 9, further comprising delivering a spinal anchor through the cannula.
11. (Original): A minimally invasive surgical method, comprising:
making a first incision in a patient;

inserting a blunt tip of a tool through the first incision and manipulating the blunt tip to create a first pathway from the first incision, between a muscle plane, to a first site on a first vertebral body;
advancing a guide wire through the tool to position a distal end of the guide wire adjacent the first site.

12. (Original): The method of claim 11, further comprising removing the tool and advancing a first implant along the guide wire to the first site on the first vertebral body.

13. (Original): The method of claim 12, further comprising placing a fixation element through the first pathway in an orientation substantially parallel to a longitudinal axis of the first pathway, and coupling a portion of the fixation element to the first anchor.

14. (Original): The method of claim 11, further comprising:
making a second incision in a patient;
inserting a blunt tip of a tool through the second incision and manipulating the tool to create a second pathway from the second incision, between a muscle plane, to a second site on a second vertebral body; and
advancing a guide wire through the tool to position a distal end of the guide wire adjacent to the second site.

15. (Original): The method of claim 14, further comprising removing the tool and advancing a second implant along the second pathway to the second site on the second vertebral body.

16. (Original): The method of claim 15, further comprising placing a fixation element through the first pathway and coupling a portion of the fixation element to the first and second implants.

17. (Original): The method of claim 16, wherein the fixation element is inserted through the first pathway in an orientation substantially parallel to a longitudinal axis of the first pathway.

18-24. (Canceled).